

CLAIMS ONLY							Application Number 10/800, 354	Filing Date			
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		/		/			54				
5		/		/			55				
6		/		/			56				
7		/		/			57				
8		/		/			58				
9		/		/			59				
10		/		/			60				
11		/		/			61				
12		/		/			62				
13		/		/			63				
14		/		/			64				
15		/		/			65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
20		/		/			70				
21		/		/			71				
22		/		/			72				
23		/		/			73				
24		/		/			74				
25		/		/			75				
26		/		/			76				
27		/		/			77				
28		/		/			78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	1		5				Total Indep				
Total Depend	27	←	23	←	←	←	Total Depend	←	←	←	←
Total Claims	28		28				Total Claims				